## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # N01000004189



FILED Jan 16, 2008 8:00 am **Secretary of State** 

01-16-2008 90023 020 \*\*\*\*61.25

ITALIAN CULTURAL SOCIETY OF NAPLES, FLORIDA, INC. Principal Place of Business Mailing Address 40004721 6017 PINE RIDGE ROAD PMB 104 5051 CASTELLO DR. NAPLES, FL 34108 **STE 33** NAPLES, FL 34103 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01092008 Chg-NP CR2E037 (12/06) City & State 4. FEI Number 59-3726530 Applied For City & State Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent PARAPIGLIA DELFINO, JOSEPH C Street Address (P.O. Box Number is Not Acceptable) \_ 662 VINTAGE RESERVE CIRCLE #8D **NAPLES, FL 34119** 1226 BENTLEY DRIVE 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. RESE PARA / 16 LIT. TO Signature, typed or printed name of registered agent and title 4 applicable. (NOTE: Registered Agent signature required when reinstating) Make check payable to 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be Florida Department of State Trust Fund Contribution. Added to Fees Due by May 1, 2008 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. VD TITLE ☐ Change ☐ Addition ☐ Defete TITLE ABBATE, ANTHONY NAME NAME STREET ADDRESS STREET ADDRESS 2860 TIMBERLING DR NAPLES, FL 34109 CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change ■ Addition TITLE NAME IZZO, ANTHONY NAME 4301 GULF SHORE BLVD. # 1703 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34103 CITY-ST-ZIP SD Change ☐ Addition TITLE ☐ Delete TITLE CRESCENZI, ADAM NAME NAME STREET ADDRESS STREET ADDRESS 890 SAILAWAY LANE #204 CITY-ST-ZIP NAPLES, FL 34108 CITY-ST-ZIP Delete TITLE TITLE Change Addition HIGGS, ALESSANDRA NAME NAME 1285 GULF SHORE BLVD N STREET ADORESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP NAPLES, FL 34109 Change ☐ Addition Delete TITLE TITLE TD PARAPIGLIA ROSE 1226 BENTLEY DRIVE PARAPIGUA, ROSE NAME NAME STREET ADDRESS 4751 GULF SHORE BLVD N #1101 STREET ADDRESS NAPLES, FL 34110 CITY-ST-ZIP CITY-ST-ZIP NAPLES, FL 34103 TITLE ☐ Change **Addition** TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS naples, FL 34116 CITY-ST-ZIP CITY-ST-7IP 12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information

indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617. Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

91/	2 N	ATI	ID	E.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

239-597-3169